

**KENTUCKY BOARD OF DENTISTRY  
INSTRUCTIONS FOR DENTAL LICENSURE BY CREDENTIALS**

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). **IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.**
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- Check the status of the application on the website at <http://dentistry.ky.gov/> and click on "STATUS SHEET."

**DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION**

- \_\_\_\_ 1. Submit a completed and signed "Application for Dental Licensure." Use the name under which you wish to be licensed.
- \_\_\_\_ 2. Application fee: \$175. This amount covers licensure through December 31, 2015.
- \_\_\_\_ 3. Submit an official final transcript of your dental course work **with your degree posted** and with a seal or registrar's stamp on the transcript. You must have graduated from a CODA accredited dental school or program or dental department of a university with a DMD or DDS degree. **The transcript must be sent directly to the Board office from the school or university.**
- \_\_\_\_ 4. Provide proof of having successfully completed Part I and Part II of the National Board Dental Examination conducted by the Joint Commission on National Dental Examinations (JCND). The National Board Score card **must be sent directly to the Board office from the JCND**. There is an online system for requesting to have your Part 1 and 2 scores mailed: <http://www.ada.org/2665.aspx>. Under "Step 5: Scores Reports and NB Certificates" click "Request Score Report (Electronic)". The fee is \$25 per copy. If you have any further questions please call 1-800-232-1694.
- \_\_\_\_ 5. Provide proof of having passed a state, regional, or national clinical examination used to determine clinical competency in a state or territory of the United States or the District of Columbia. The regional clinical exam score card or copy of state clinical exam scores **must be sent directly to the Board office** from the provider of the exam.
- \_\_\_\_ 6. You must complete and pass the board's jurisprudence examination, which can be downloaded at <http://dentistry.ky.gov/dentists/licensure.htm> You may reference all of the statutes and regulations at: <http://dentistry.ky.gov/laws.htm>.
- \_\_\_\_ 7. You must complete a Kentucky Cabinet of Health and Family Services (CHFS) approved HIV/AIDS course. For approval of HIV/AIDS courses or for a list of approved courses call (502) 564-6539 or visit their website at: <http://chfs.ky.gov/dph/epi/hiv aids/professionaleducation.htm>. Please send a copy of your completion certificate.
- \_\_\_\_ 8. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. **Send a copy of the front and back of the card.**

- \_\_\_\_\_ 9. Submit a criminal background check performed by the F.B.I. for the last five (5) years. Please visit their website for the background check application at <http://www.fbi.gov/about-us/cjis/background-checks/applicant-information-form> and more information at <http://www.fbi.gov/about-us/cjis/background-checks/submitting-an-identification-record-request-to-the-fbi>.
- \_\_\_\_\_ 10. Provide verification within three (3) months of the date of application is received at the office of the board of any license to practice dentistry held previously or currently in any state or jurisdiction. A copy of your license is not acceptable. **These must be sent directly to the Board office from each jurisdiction.**
- \_\_\_\_\_ 11. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.
- **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**
- \_\_\_\_\_ 12. Provide proof that, for five (5) of the six (6) years immediately preceding the filing of your application, you have been engaged in the active practice of dentistry when you were legally authorized to practice dentistry in a state or territory of the United States or the District of Columbia if the qualifications for the authorization were equal to or higher than those of the Commonwealth of Kentucky.

**Make check payable to: KENTUCKY BOARD OF DENTISTRY**  
**Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101**  
**LOUISVILLE KY 40222**  
**PHONE: 502/429-7280**